

UNIQUE ADAPTIVE ACCOMMODATION REQUEST FORM (UAARF)

(Special Accommodation – K)

- All requests made for Unique Adaptive Accommodations must have DOE approval prior to implementation on State assessments.
- Return form to the following address: Special Education Assessment Consultant, Tennessee Department of Education, Division of Special Education, Andrew Johnson Tower, 7th Floor, 710 James Robertson Parkway, Nashville, TN 37243-0375.
- Each item of the UAARF must be completed before the State will review for Approval. Incomplete UAARFs will be returned to the LEA.
- All UAARFs must be received by the DOE no later than **one month prior** to the TCAP Assessment(s) to which they apply.

System Name: _____

System Number: _____

School Name: _____

School Number: _____

Student Name: _____ SSN: _____ Grade: _____

Indicate the test(s)/subtest(s) on which the accommodation would be used:

Competency (08-09 last year available)	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts
End of Course (write in course on blank)	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Gateway	<input type="checkbox"/> Math <input type="checkbox"/> Language Arts <input type="checkbox"/> Science
Writing Assessment	<input type="checkbox"/> 5 th <input type="checkbox"/> 8 th <input type="checkbox"/> 11 th
Achievement	<input type="checkbox"/> Reading/LA <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Word Analysis <input type="checkbox"/> ALL

Special Accommodations currently documented for use on TCAP Assessments:

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>	F <input type="checkbox"/>	G <input type="checkbox"/>	H <input type="checkbox"/>	I <input type="checkbox"/>	J <input type="checkbox"/>	K <input type="checkbox"/>
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Unique Adaptive Accommodation(s) Requested:

1. _____
2. _____
3. _____
4. _____

Are requested accommodations documented on the student's IEP or 504 Plan? ☐ Yes ☐ No

Are requested accommodations used consistently throughout classroom instruction and assessments? ☐ Yes ☐ No

Are requested accommodations needed for student to access the general education curriculum? ☐ Yes ☐ No

Is the student proficient in the use of the requested accommodations? ☐ Yes ☐ No

How long has student been using the requested accommodation(s) in his/her educational environment?

(List individually for each accommodation requested.)

1. _____
2. _____
3. _____

Explain how accommodations are utilized in student's educational environment. Attach additional page(s) if needed.

All appropriate signatures are required for UAARF to be considered. The Special Education Supervisor or the System 504 Coordinator should sign the UAARF as indicated (e.g., child has an IEP or a 504 Service Plan).

Parent/Guardian: _____

Classroom Teacher(s): _____

School Principal: _____

Signature System Special Education Supervisor: _____ Phone Number: _____

Signature System 504 Plan Coordinator: _____ Phone Number: _____

Signature System Testing Coordinator: _____ Phone Number: _____

Signature System Superintendent: _____ Phone Number: _____

DEPARTMENT OF EDUCATION USE ONLY:

Date received: _____ Request Granted? ☐ Yes ☐ No

Division of Special Education: _____

Office of Assessment, Evaluation, and Research: _____

COMMENTS:
